Cognitive Behavioural Therapy for Personality Disorders

This section describes the knowledge and skills required to carry out cognitive behavioural therapy with adult clients who have a diagnosis of borderline or antisocial personality disorder.

It is not a 'stand-alone' description of technique and it should be read as part of the core competences for work with people with long term mental health conditions and the CBT Competences Framework (http://www.ucl.ac.uk/clinical-psychology/CORE/CBT)

Effective delivery of this approach depends on the integration of the following competence list with the knowledge and skills set out in the other domains of the core competences for working with people with long term mental health conditions and the CBT Competences Framework.

Manuals

Davidson K.M. (2008) *Cognitive therapy for personality disorders: a guide for clinicians.* Second Edition. Routledge: Hove

Knowledge

- An ability to draw on knowledge of personality disorders in adults, including:
  - incidence and prevalence within the adult population
  - the symptoms and course of personality disorders in adults
  - diagnostic criteria for personality disorders and common comorbidities/ coexisting presentations e.g.:
    - overlap with other personality disorders
    - overlap and other clinical presentations (such as anxiety, depression, alcohol and substance misuse, eating disorders or psychosomatic disorders)
  - problems resulting from childhood sexual or physical abuse or neglect
  - the impact of biological, psychological, family and social factors in the development and maintenance of personality disorders in adults
  - normal and dysfunctional processes in attachment and their contribution to the development and maintenance of personality disorders in adults
  - the impact of parenting styles on cognitive, social and emotional development
- An ability to draw on knowledge of cognitive and behavioural models of personality disorder (including Beck and Young's model of personality disorder)
- An ability to draw on knowledge of cognitive therapy techniques for schema change and how these can be adapted for clients with personality disorder
- An ability to draw on knowledge that there is a mutually interdependent relationship between changing beliefs, emotional responses and behaviours, with changes in one facilitating changes in the other

Assessment

An ability to conduct a comprehensive assessment:
across multiple domains (including cognitive, affective, behavioural, somatic)
involving partners, relatives or friends (if available and with the client's consent
using a range of methods (including clinical interview, self-report instruments and clinical records) in order to gain a clear picture of the nature and long-term history of the problems
An ability to gain an overview of the client's current life situation, any specific stressors and the social support and resources available to them
An ability to elicit information to get an overview of past history and present life situation by;
helping the client translate vague or abstract complaints into more concrete and discrete problems
helping the client identify and generate a problem list
helping the client elaborate the belief system and information processing strategies through which they construe and interpret themselves, and understand other people's behaviour and attitudes towards them
identifying the key cognitions that contribute to the maintenance of difficulties
gaining an overview of the client's coping mechanisms (e.g. stress tolerance, level of functioning and capacity for introspection and self-objectivity)
Identifying the ways in which the client attempts to regulate their emotions
An ability to identify the presence and significance of co-occurring psychological problems common in this population (including anxiety, depression, eating disorders or psychosomatic disorders, as well as alcohol and substance misuse)
an ability to identify whether co-occurring problems need to be addressed before proceeding with an intervention for personality disorder (e.g. alcohol dependence, or acute psychiatric disturbance)
An ability to identify the presence and significance of problems resulting from childhood sexual or physical abuse or neglect
An ability to assess and to respond to indicators of risk of suicide
An ability to assess and to respond to indicators of risk of harm to others
An ability to assess and respond to the client's attitude about, and motivation, for therapy
An ability to gauge the client's level of literacy to guide the selection of written materials used to support the therapeutic process (e.g. self-help materials)

Risk assessment

An ability to assess the degree of risk to the client and others, and to reassess risk throughout the assessment and intervention
An ability to match the urgency of response to the level of risk involved,
An ability to work in collaboration with other professionals and carers to manage risk
An ability to refer the client for adjunctive or alternative interventions that may be appropriate (e.g. crisis teams or specialist mental health services)
An ability, when working with other professionals to manage risk, to ensure that there is clarity about roles and expectations of what will be done, and by whom

Ability to engage the client and develop a working alliance

An ability to develop an initial alliance by showing an active interest in the client's life circumstances, interests and strengths, and by:
showing warmth, empathy, genuineness and conveying a consistently non-judgemental attitude, while not denying the gravity of any problematic behaviours (e.g. violence against others, criminal acts)
showing an understanding of the impact that previous problematic contacts with services may have on the client's presentation at interview
instilling a sense of hopefulness by helping the client to consider the possibility that they can do something to overcome their problems and improve their quality of life
maintaining a stance that supports the entitlement of people with personality disorders to access appropriate clinical care and management from mental health services

Ability to develop a formulation

An ability to work with the client to develop a formulation (conveyed in the most appropriate combination of formats (e.g. narrative/ verbal, written/ diagrammatic)) which:
Is shared and agreed with the client
Is written in non-pejorative language, appropriate to the client's educational level, and demonstrates a compassionate understanding of their difficulties
helps the client understand their current situation
relates current problems and functioning to key developmental factors within childhood and to the cognitive model
clarifies the ways in which unhelpful behavioural patterns have become overdeveloped through childhood and adolescence into adulthood and how these relate to the client's beliefs about self and others (e.g. using self-harm as punishment)
Identifies the core beliefs the client holds about themselves and others
Identifies the over-developed behavioural patterns that link to core beliefs about self and others.
identifies the potential for developing behavioural strategies that are currently underdeveloped (usually the opposite of those that are currently overdeveloped (e.g. strategies promoting self-nurturance, as opposed to self-harm)
Identifies the dominant emotions associated with the client's beliefs and behavioral patterns
guides the choice of interventions and techniques.
identifies potential barriers to engagement and/ to any aspect of the intervention
is reviewed and updated in response to information which emerges during therapy

Structure and style of therapy

- An ability to structure sessions by:
  - working collaboratively with the client to set an agenda for each session and ensuring that the main tasks identified in the agenda are carried out
  - introducing the themes of the session and maintaining a focus on these
  - "checking in" with the client regarding their emotional state, current concerns and any recent events with which they are preoccupied
  - developing and maintaining a positive therapeutic alliance (e.g. by consistently and explicitly checking that the client is finding therapy helpful and agrees with the direction being taken)
  - identify therapeutic ruptures at an early stage and attempting to rectify these promptly
  - identifying, setting and reviewing homework assignments:
    - where appropriate, practising tasks within sessions before the client undertakes these as a homework assignment
    - responding to non-completion of homework assignments by exploring the reasons for this, and ensuring that these are addressed
- An ability to achieve a structure and focus by:
  - organising sessions into blocks (e.g. of six to ten sessions) so that problems can be worked on in discrete 'chunks' and outcomes assessed in a task oriented fashion
- An ability to judge when it is appropriate to include partners, friends or relatives in the sessions, and to negotiate their inclusion with the client

Establishing the ground rules for therapy

- An ability to establish and agree with the client clear parameters within which the treatment will take place and to maintain consistency in relation to the agreed parameters by:
  - explaining that the therapeutic relationship will be built on trust and respect, and is a formal non-reciprocal relationship with a specific purpose
  - ensuring (at an early stage of contact) that procedures for time-keeping, missed appointment and cancellations are agreed by both parties
  - setting limits on disruptive behaviour within sessions (to provide a sense of security for the client and to enable a more productive working relationship)
  - setting limits on contact between sessions (indicating when and for what reason the therapist may be contacted (e.g. only in a crisis) by what means (e.g. only by phone) and at what times (e.g. only during office hours).
  - managing crises in a consistent manner which maximises the client's ability to cope with a range of difficulties
  - ensuring that challenges to ground rules are responded to in a consistent manner
- An ability to discuss confidentiality and its limits, and the ways in which information will be shared with other members of a multidisciplinary team and other agencies (such as social workers)

Agreeing priorities for intervention

- An ability to work collaboratively with the client to agree priorities for treatment by:
  - making use of the formulation to agree that priority will be given to harm or aggression towards others, suicidal behavior and serious self-harm
    - indicating the rationale for discontinuing treatment if this priority cannot be agreed
  - providing a written account of the formulation and the aims of treatment to help engagement in treatment and to guide the next phase

Ability to present the rationale for CBT

An ability to establish a collaborative relationship with the client by making explicit the procedures employed in CBT and jointly agreeing their relevance
An ability to explain the underlying principles of CBT in a manner suited to the client by:
working with them to identify and discuss their understanding of terms such as 'personality disorder", 'cognitions' and 'thoughts', "core beliefs", and where appropriate providing a definition of key concepts.
using verbal and pictorial/diagrammatic descriptions to help them make links between different aspects of their functioning (e.g. links between negative thinking and subsequent low mood)
using concrete examples elicited from the client to illustrate and personalise theoretical ideas
discussing written material outlining the cognitive-behavioural model
An ability to provide a rationale for the use of practice assignments (that these are a way of trying out ideas and practising new skills in their normal environment)

Identifying core beliefs, emotions and behaviours

An ability to identify core beliefs and the emotions and behaviours that are activated in relation to these beliefs, and promoting the development of new beliefs and behaviours using a variety of techniques for accessing core beliefs, e.g.:
helping the client gain access to themes directly related to core dysfunctional beliefs by asking about the meaning of events that have resulted in high levels of distress or emotional reaction
helping the client to test out the reality of their underlying assumptions or beliefs about self and others by discussing events that occur within (and relate to) the therapeutic relationship
helping the client develop more adaptive ways of regulating emotions
employing imagery techniques in order to help the client increase the vividness of recall (and which may trigger a core schema and enable access to a core belief)
exploring memories, childhood experiences, dreams and daydreams to help identify core beliefs and schemas that may have formed in childhood and adolescence
working with clients to record dysfunctional thoughts and core beliefs, and reviewing these records to elicit core beliefs.
working with clients to describe behavioural problems or difficulties in relating to other people, where specific interpersonal behaviours may point to underlying core beliefs (e.g. fear of rejection)
using self-rating questionnaires (including the Dysfunctional Attitude Scale or the Schema Questionnaire) to help determine dominant themes which may be related to core beliefs

Modifying beliefs

An ability to identify beliefs which are central and those that are more peripheral, and to focus on the most important
An ability to help the client construe beliefs about self and others as ideas whose validity can be tested
An ability to discuss the concept of core beliefs with the client (including their origins in childhood and the factors which tend to maintain them) and the emotions attached to these beliefs
An ability to promote the development of new, more adaptive beliefs rather than trying to modify old, existing core beliefs
An ability to utilize more than one specific schema change techniques for the same belief

An ability to use guided discovery to help question the evidence for a core belief using continuum strategies (i.e. emphasising that beliefs are on a continuum, rather than being all-or-nothing)
An ability to employ appropriate techniques for challenging beliefs with clients who require more concrete approaches, e.g.:
rating core beliefs on a visual analogue scale with the aim of helping to move the client from a categorical to a more nuanced view
translating extreme interpretations into dimensional terms to counteract dichotomous thinking and associated emotional reactions

An ability to carry out a collaborative review of the client's life history to test the validity of core beliefs which may have developed in childhood and that have continued to be maintained and reinforced
An ability to work with the client to keep a "positive data log" covering all experiences and thoughts that would support a new adaptive belief, and strengthen new schema by:
encouraging the client to challenge core beliefs by examining the evidence contained within the log
helping the client learn not to distort or ignore evidence in support of new schema (or which is contradictory to old schema) by evaluating the evidence in the log
An ability to use Socratic questioning, so that data that were previously ignored, negated or distorted can be judged by the client for their degree of fit with the new modified belief
An ability to lead an examination of the old core belief and through a collaborative process to develop a new more adaptive belief or modify a pre-existing one
An ability to work with significant others (partners, friends or relatives), to help them:
identify when they may be reinforcing the client's maladaptive core beliefs about themselves or others
reinforce new more adaptive beliefs and behaviour (e.g. by setting limits for unacceptable behaviours, or by encouraging more constructive, positive behaviour)

Working with behavioral problems commonly seen in antisocial personality disorder

An ability to undertake a behavioural approach towards anti-social and aggressive behaviour by:
conducting a functional assessment, which includes identifying the antecedents and consequences of behaviour
identifying specific problematic behaviours such as skill deficits, and current strengths such as existing problem-solving abilities
using the data to help the client identify high risk situations and triggers for emotional reactions such as anger and anti-social behaviour and aggression
helping the client generate more adaptive behaviours, such as leaving the situation or responding in an assertive rather than aggressive way or learning to tolerate distressing emotional states
encouraging generalisation of skills by planning and encouraging graded in vivo practice in a range of situations, including the therapeutic situation, at home and work
An ability to encourage accurate self-monitoring by:
asking the client to keep a diary recording specific behaviours including activities of daily life
reviewing the diary to encourage careful observation of the frequency of adaptive and more appropriate behaviour
encouraging the client to develop their "emotional understanding" (their capacity to recognise and to label their feelings in an accurate manner)

An ability to focus on specific problem areas, e.g.:	
	addressing issues related to alcohol or drug abuse by agreeing behavioural methods to reduce or to stop consumption, or by referral to a specialist agency
	employing behavioural contracting between partners to reduce verbal and physical aggression
	setting graded tasks to improve work-related behavior
	in the absence of work, structuring daily life by agreeing graded tasks to schedule satisfying alternative activities to improve both quality and satisfaction with life
An ability to help the client initiate and maintain new, more positive, relationships by developing more adaptive beliefs about self and others	

Working with behaviours commonly seen in borderline personality disorder

An ability to be alert to, and vigilant about, suicidal risk by:	
	paying close attention to suicidal thoughts as well as to suicidal behaviour
	being alert to risk issues when clients appear to be in crisis, are overwhelmed by their problems, or seem emotionally cut-off and defeated by problems they feel are insurmountable
An ability systematically to appraise the client's use of parasuicidal behaviour or threats of suicide as a maladaptive behavioural strategy to gain attention and help from others	
An ability to reduce the frequency of self-harming behaviour by attempting to change the contingencies and hence reinforcing more adaptive ways of signalling distress, e.g:	
	helping the client develop self-nurturing behaviours to protect and nurture themselves (e.g. by not going for long periods without food or rest, or establishing stable patterns of routine behaviour)
	encouraging the patient to counter impulsive and chaotic acts by learning to pace and monitor their behaviour, and to behave in a protective manner towards themselves
	helping the client to deal more effectively with dysphoric moods states, by employing standard cognitive and behavioural techniques (e.g. activity scheduling, challenging negative automatic thoughts / core beliefs and practising new adaptive behaviours to regulate emotions)
	helping the client develop more adaptive ways to regulate emotions
	ensuring that the client has the opportunity to discuss childhood sexual or physical abuse while maintaining a cognitive therapy framework to respond to any problems that may arise

Ability to evaluate change

An ability to evaluate change, for example by using standardised measures to assess:	
	changes in diagnostic criteria
	changes in problematic behaviours (e.g. suicidal behaviour and self-harm
	changes in social functioning, self-esteem, regulation of emotions such as anxiety, depression and interpersonal problems
	changes in belief

Ability to end therapy

An ability to help the client end therapy by:
recognising that clients with personality disorder may be particularly sensitive to the finite nature of therapy because of their life-long experiences of rejection
addressing client's concerns about termination by discussing the issue early and throughout treatment
negotiating a clear ending date
building up community resources and contacts to extend the client's opportunities to meet others in a relatively supportive but less intensive environment
providing a written summary of treatment sessions as an aide memoire for the future